

Rec'd PCT/PTO

08 SEP 2004

Docket No. BONN-120

Declaration For U.S. Patent Application

10/506979

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled
 (INSERT TITLE) APPARATUS TO ASSIST A PATIENT'S BREATHING WITH A VARIABLE RAMP PERIOD TO
RISE TO TREATMENT PRESSURE

the specification of which

(Check one of
1, 2, or 3.)

1. is attached hereto.
2. XX was filed on March 10, 2003 as
International PCT Application Serial No. PCT/IB03/01422
and was amended on
(if applicable)
3. was filed on as
U.S. Application Serial No.
and was amended on
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application for which priority is claimed:

(List prior
foreign
applications.)

<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)
<u> </u> (Number)	<u> </u> (Country)	<u> </u> (Day/Month/Year Filed)

 Priority Claimed
 ___ Yes ___ No
 ___ Yes ___ No

See attached list for additional prior foreign applications

I hereby claim the benefit under Title 35, United States Code, §120, of any United States application listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56, which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

<u>60/362,441</u> (Application Serial No.)	<u>March 8, 2002</u> (Filing Date)	<u> </u> (Status)
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<u> </u> (Application Serial No.)	<u> </u> (Filing Date)	<u> </u> (Status)
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I hereby appoint as principal attorney James C. Lydon, Reg. No. 30,082.

Please direct all communications to the following address:

 James C. Lydon
 100 Daingerfield Road
 Suite 100
 Alexandria, VA 22314
 Telephone: (703) 838-0445
 Facsimile: (703) 838-0447

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full name of first or sole inventor: Alain DELACHEInventor's Signature: [Signature]Date: Sept 02 2004Residence: 15, avenue de la Roseraie, F-06300 Nice, FRANCECitizenship: FrenchPost Office Address: same as above

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2-00
Full name of second inventor: Véronique DELACHE

Inventor's Signature: _____

Date: Sept 02, 2024

Residence: 15, avenue de la Roseraie, F-06300 Nice, FRANCE

Citizenship: French

Post Office Address: same as above

Full name of third inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fourth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of fifth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of sixth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of seventh inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of eighth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

Full name of ninth inventor: _____

Inventor's Signature: _____

Date: _____

Residence: _____

Citizenship: _____

Post Office Address: _____

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